STATE OF CALIFORNIA See Instructions and *Privacy Statement on Reverse Side TRAVEL EXPENSE CLAIM Traveler ID Unit Code STD. 262 (REV. 10/92) STATE OF CALIFORNIA Traveler ID Unit Code 210								age	OYES					
CLAIMANT'S NAME Fisca		scal Year 2	200011.020			SSN OR EMPLOYEE NUMBER*					DEPARTMENT OPR			
POSITION Secretary of Volunteering and			CB/ID NO.: EXEMPT			California Volunteers						PCA# 11102		
RESIDENCE ADDRESS*			LACINET		HEADONARTERS ADDRESS 1110 K Street Suite 210							TELEPHONE NUMBER 916-323-7646		
CITY STATE				ZIP CODE	CITY				STATE		ZIP CODE			
Sacramento		CA				Sacramento		1		CA		958		
(1) MONTH/YEA May 2010	1 '-'	(4)	(5)	MEALS		(6)	(7) (A)	TRANSPORTA		(D)		(8)	(9)	
(2) DATE TIM	WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T.,L/T, N/C, RELO. OR DINNER	INCIDENT- TALS		TYPE USED	CARFARE, TOLLS, PARKING	PRIVAT MILES	E CAR USE AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
											\$0.00		\$0.00	
5/17 0530 1600	- L-Sac/L-A/Sac			\$10.00					\$9.00	36	\$18.00		\$37.00	
<u> </u>											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
											\$0.00		\$0.00	
			ļ <u>.</u>				12 215				\$0.00		\$0.00	
	-					G		E			\$0.00		\$0.00	
						JUN	+ 3 2010				\$0.00		\$0.00	
					1,1		- 111817 F 18	15 AE	ču.		\$0.00		\$0.00	
				,	OFFI	DM STE	WING & NO	ICES	.511	<u> </u>	\$0.00		\$0.00 \$0.00	
								<u> </u>			\$0.00		\$0.00	
(10)				\$10.00					\$9.00	\$30			\$37.00	
	jbtotals Colonn code (acctg. u	SEONLY		ψ 10.00					00.00					
									CLAIM	TOTA	- \$		\$37.00	
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)									(12)	(13) NUBWOI WUBK HULIDG				
Stakeholder Meeting with Patrick Corvington - Midnight Mission —— —— —— —— —— ———									(13)	(13) PRIVATE VEHICLE LICENSE NUMB 4ybd289				
										·	ATE CLAIME	.50		
										AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER				
										PAID	BY REVOLVII		еск по мвеі).50	
privately owned	RTIFY That the above is a true statemer I vehicle was used, and if mileage rates at I have met the requirements as preso	exceed the minimum r	ate, I certify th	at the cost of	operating the	vehicle was	equal to or grea	ter thai	n the rate	if a				
(15) GLOIMANT	'S SIGNATURE		DATE	10	(16) 54	GNATURE O	F OFFICER AF	FROV	ING TRAY	EL AND F	PAYMENT	DAFE 2		
(17) SPECIAL E	EXPENSE AUTHORIZATION - SIGNAT	URE and TITLE (See	Item 17 on rev		1/_\	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	t t	1				DATE		